

Multi-Ethnic Study of Atherosclerosis



Ultrasound Distensibility

Id#:

Acrostatic: _____

Date:

Month

Day

Year

1 Results of Distensibility exam (10 seconds of carotid distensibility video acquired):

- ☐ Done → Skip to #3
- ☐ Incomplete
- ☐ Not Done

2 Reason Distensibility exam incomplete or not done:

- ☐ Equipment malfunction
- ☐ Time/staff/room constraints
- ☐ Examinee refused/uncooperative
- ☐ Examinee physically unable
- ☐ Other:

3 Baseline Blood Pressure and Pulse

(If Distensibility exam immediately follows Endothelial Function, transcribe from #16 on Endothelial Function form.)

	Systolic	Diastolic	Pulse
Left	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Right	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

4 Tape#

5 VCR Start Time

Hr	Min	Sec
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

6 Were right CCA Doppler blood flow signals detectable?

- ☐ Yes ☐ No

7 Pulse Wave Doppler Measurement

 cm/s

8 Post Imaging Pressure and Pulse

	Systolic	Diastolic	Pulse
* Left arm	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

* Right arm if it is 15 mmHg greater than the left

9 Quality of scan

- ☐ Good
- ☐ Fair
- ☐ Poor:

Sonographer ID#:

Reviewer ID#:

Data Entry ID#: